

Register Number _____

CERTIFICATE OF MARRIAGE

BRIDE/BROOM/SPOUSE

Full Name _____

Birth Name, If different _____

Surname after Marriage _____

Social Security Number _____

Phone Number _____

Full mailing Address _____

County _____ Town if different than mailing address _____

Circle one: TOWN CITY VILLAGE

Is residence within the City limits or incorporated Village? YES ☐ NO ☐

AGE _____ Date of Birth _____ Sex _____

Employment

Occupation _____

Type of Business or Industry _____

Place of Birth (City, State, Country if not USA) _____

Father or Parent name as on Birth Certificate _____

Country of Birth _____

Mother or Parent (Maiden Name) as on Birth Certificate _____

Country of Birth _____

Number of this Marriage _____

Previous Marriages ended in (check one)

Divorce _____ Civil Annulment _____ Death _____

Number of previous marriages _____

Date last marriage ended _____

Are any former spouse(s) living? (check one) YES _____ NO _____

Date of Decree (month, day year) City/County, State/Country Against Whom

_____ Self _____ Spouse _____

_____ Self _____ Spouse _____

_____ Self _____ Spouse _____

ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

Complete Address: _____